Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Pro se Notices of Participation Page 1 of 84

Participant must provide all of the information below in English:

1.

1. Participant's of if any:		mail address, and that of its counse	1,
Participant's Name:	Vilando Hernán	notez Batista	ļ
Participant's Address:	PO BOX 305	Camuy PR 0062	2
Participant's Email Address:	ohernandez 62	o@gmail.com?	50
Name of Counsel:		1034 SEC.	7
Address of Counsel:		* * * * * * * * * * * * * * * * * * *	_
Email Address of Counsel:			_
2. Participant's	Claim number and the nature of	Participant's Claim:	
Claim Number:	17 BK 03283-	CTS	_
Nature of Claim:	The state of the s	Lose de Direction de la Constantina	
By: Signature	STATE OF THE PROPERTY OF THE P	a distribution of the series of the	n'in a
Orlando So Print Name	mande Bassa		
	10 ° / · · · · · · · · · · · · · · · · · ·		
Title (if Participant is	s not an individual)	3 · · · · · · · · · · · · · · · · · · ·	
Date Date	2021		



00918-170999



Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel

Participant's Name: Torge W. Cordero Nernander

Participant's Address: Urb. Santiago Iglesias 1754 C. PillotGarcia, SanTuan, PR. 00921

Participant's Email Address: jorge ch 1956 Q g mail. Com

Name of Counsel:

Name of Counsel:

Name of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Public Employee and Pension / Retiree Claims

By: Signature

Torge W. Cordero Hernander

Print Name

Tudividual

Title (if Participant is not an individual)

4 de octubre de 2021

Participant must provide all of the information below in English.

Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Jorge W. Cordero Hernandez
Participant's Address: Urb. Santiago Igksias 1754 C. Pillot Garcia, Santuanific. 00921
Participant's Email Address: jorge ch 1956@gmail. Com
Name of Counsel: N/A
Address of Counsel:/ A
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 13 9 1 2 1
Nature of Claim: Public Employee and Pension / Retiree Claims
By: Signature
Jorge W. Cordero Hernandez
Print Name
Individual Til (SP distribution and individual)
Title (if Participant is not an individual)
4 de octubre de Lozi
Date

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: $\frac{50/8}{5}$
Participant's Name: Jorge W. Corbero Hernandez
Participant's Address: Urb. Santiago Iglesias 1754 C. Pillot Garcia, San Juan P.R. 00921
Participant's Email Address: jorge ch 1956@gmail.com
Name of Counsel: Name of Counsel:
Address of Counsel: N/A
Email Address of Counsel: N/h
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 161459
Nature of Claim: Public Employee and Pension / Retiree Claims
By: Signature
Torge W. Cordero Hernandez Print Name
Individual
Title (if Participant is not an individual)
4 de octubre de 2021
Date

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	- AN SICHTON 54
Participant's Name:	Jorge W. Cordero Nernandez
Participant's Address:	Urb. Santiago I glesies 1754 C. Pillot García San Tuan P.R. 00921
Participant's Email Address	: jorge ch 1956@gmail.com
Name of Counsel:	N/A
Address of Counsel:	n 1A
Email Address of Counsel:	N I A
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	160458
Nature of Claim:	Public Employee and Pension / Retiree Claims
By: Signature	ular parady
	ordero Hernandez
Print Name	
Title (if Participant	is not an individual)
y de oct	ubre de 2021
Date	



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Miguel Quinones Torres
Participant's Address: 463 Calle Hagnolia Viegues P.R. 00765
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 76135
Nature of Claim: HHLTD 418446-P
By: CMglC Inon Town Signature
Miguel Quirones Torres Print Name
Title (if Participant is not an individual)



Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

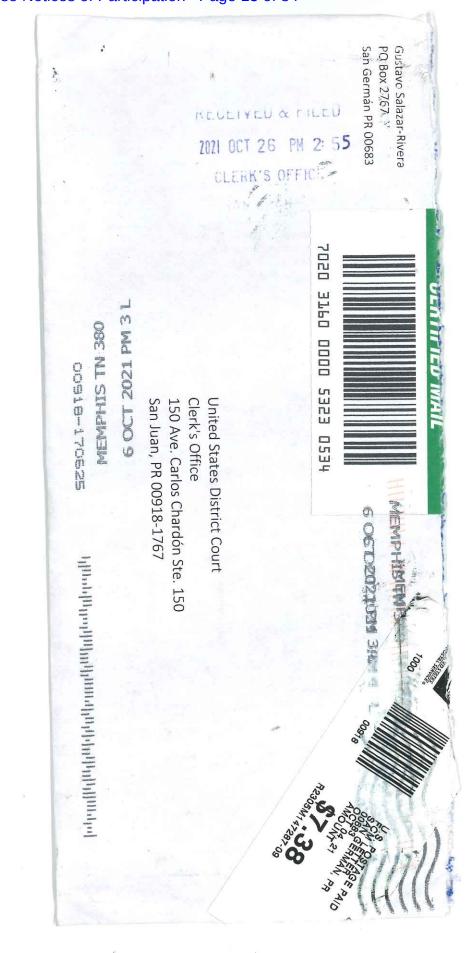
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if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 212873 Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)



Participant must provide all of the information below in English:

Participant's c	ontact information, including email address, and that of its counsel,
if any:	25.5
Jame:	Gustavo Salazar - Rivera SAN 1/107 /101
Address:	PD Box 2767 San German, PR 00683
Email Address:	gustavoamandoriverasalas rogmail.com
nsel:	a) (n
unsel:	n (a
s of Counsel:	NA
Participant's (Claim number and the nature of Participant's Claim:
r:	17 BK 3283-LTS
in:	a. Salazar Rinen
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	Rivera
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if Participant is	not an individual)
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	if any: Jame: Address: Address: Address: Asel: Ausel: By a Counsel: Participant's Counsel: Mame Jame Jame Jame Jame Jame Jame Jame



Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Desc Pro se Notices of Participation Page 14 of 84

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any.
Participant's Name: Participant's Address: R-01 Box 13040 Toa Alta P.R. 00953
Participant's Address: R-01 Box 13040 Toa Alta P.R. 00953
Participant's Email Address: marylovely 7738 ag. uail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 B K 3283-LT5
Nature of Claim: By: Maribe Sanchez Amerguito Print Name
Print Name Title (if Participant is not an individual) Date
Date

RR-01 Box 130 40

RR-01 Box 130 40

CLERK'S OFFICE COURTS
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Discovery Notice to the Court's Clerk's Office at United states District Court, clerk's Office Oarlas Chardon Steries

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.	74 May 5 5 5
Participant's Name:	Rosanell Rosario Melendez
Participant's Address:	123 calle Bubi Urb. Freire Cidra, P.R.
Participant's Email Address	: rrmmaestra @ yahoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	175399-1 ,175399
Nature of Claim: By: Signature	Wages Bark Pay Promesa Title TII no.17BK3283-LTS
Print Name	sario Melendez
Title (if Participant i	s not an individual)
21 de sept	liembre de 2021

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Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Desc Pro se Notices of Participation Page 18 of 84

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	2.56
Participant's Name:	Richard Rzadkowski Chevere Quinter de cutey As Callely Sandnav
Participant's Address:	809)(
Participant's Email Address:	
Name of Counsel:	Fuone Gouzalez Morales
Address of Counsel:	Edificio Gallardo, San Suar 00921
Email Address of Counsel:	
Claim Number: Nature of Claim: By: Signature	Claim number and the nature of Participant's Claim: 17 BK 3283-L+S Discovery For codi Mar tronof Common wear Plan OF Adjust Ment admouski Charer.
Title (if Participant is O Date	s not an individual) 201

Richard Rendrowski Quintes de cuber As calle 14 Sew Jam PR 06916

united States District Clerky Office 150 Ave. Carlos chardon Stell San Juan PR. 60918-1967

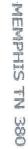


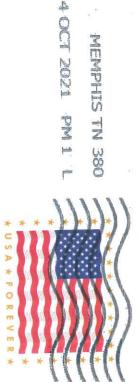
Participant must provide all of the information below in English:

1. Participant's contact information, including email address, a	nd that of its counsel,
Participant's Name: Richard Rzadkow?	oki Chevere
Participant's Name: Richard Rzaduow? Participant's Address: Richard Rzaduow? Quintas de Cupey A5 ca	11e14 SS PR 00921
Participant's Email Address: RRC 10625 & Yahoo	
Name of Counsel: Ivore Gonzalez Mon	
Address of Counsel: Edificio Gallardo, San J.	19N PR 00921
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's C	laim:
Claim Number:	
Nature of Claim: Discovery For Condination	OF PR. 17BK 3283-
By: 3000	LEGELVED &
Signature 2 - 1 - 2 - 1 - 2	257 2
Print Name	6 PH
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10/02/2021	
Date	*
Instructions for Filing Notice of Participation: If you are represented by	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF
must be filed electronically with the Court on the docket using the CM/ECF	docket event Notice

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Sandans PR 00921 Richard Kzadkowski Quintes de cupey

united States District Court COSIB-170625 Clerks Office 150 Ave. carlos Chardon Ste. San Juan PR. 06918-1767





Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	18 50K's PM 2.54
Participant's Name:	MILDRED RIVERA JUSINO
Participant's Address:	D-31, CATADO, PR 00962-6505
Participant's Email Address:	ARCOIRIS 24@ YA 1400. COM
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	105929 155678
Nature of Claim:	EMPLOYEE RETIREMENT
By: Alek Sare K	Furing the second of the second secon
MILDRED RIVE	
Print Name	
Title (if Participant is	not an individual)
Date	2021 · · · · · · · · · · · · · · · · · · ·
Date	



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	S. Dien's no. 5 56
Participant's Name:	Virginia Caquias Allier de 1
Participant's Address:	HC - 73 BOX 5551 Bo. Rincon Momilio
Participant's Email Address:	Cayey PR 00736
Name of Counsel:	NA
Address of Counsel:	
Email Address of Counsel:	
2. Participant's (Claim number and the nature of Participant's Claim:
Claim Number:	Live There was a control in and a sain in a
Nature of Claim: By: Vargina Signature Virginia Cap Print Name Title (if Participant is Date	Coqua allar vios Allier not an individual) . 2021

Cayey, PR OC 13 BOX 5551 Bo. Rincon Mornillo

United States District Court
Clerk's District
150 Ave. Contos Chardon Ste. 150
Soun Juan. PR 00918-1767

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Participant must provide all of the information below in English:

1.		ontact information, including email address, and that of its counsel,
	if any:	2021 00 04 2 56
Participant's l	Name:	Wanda L. Offiz Santana
Participant's Address:		P.O. Box 12 60 San German P.R. 00683
Participant's	Email Address:	pabrilu @ Yahoo.com
Name of Cou	nsel:	
Address of Co	ounsel:	
Email Addres	s of Counsel:	
2.	Participant's C	Claim number and the nature of Participant's Claim:
Claim Numbe	er:	
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By: Wow Signat		Sorton
Print I		tiz Santana
Title (if Participant is	not an individual)
	,	2001
Date	sept.	

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Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Desc: Pro se Notices of Participation Page 28 of 84

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

alle 3 Número C-3 £. 00953-3307

San Juan, P.R. 00918-1767 Clerk's Office, 150 Ave.
Carlos Chardon Ste. 150,

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Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Pro se Notices of Participation Page 30 of 84

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Luz H. Roman Munoz
BOX 560 338-Guayanilla, P.R.
Juz. haytéé. roman @ hofmail.co
T Z CO
P P P
Z S
Claim number and the nature of Participant's Claim:
17BK 3283-LTS
Ley Promesa
Lond her
not an individual)

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CLERK'S OFFICE B.DISTRICT COUR SAN JUAN, C.

Inited States District Court, Herk's Office, 150 Aue. Carlos Chardon Ste. Jan Juan, P. R. 00918-1767 Hice:

Guayanilla, P.R. OOGSL-0338

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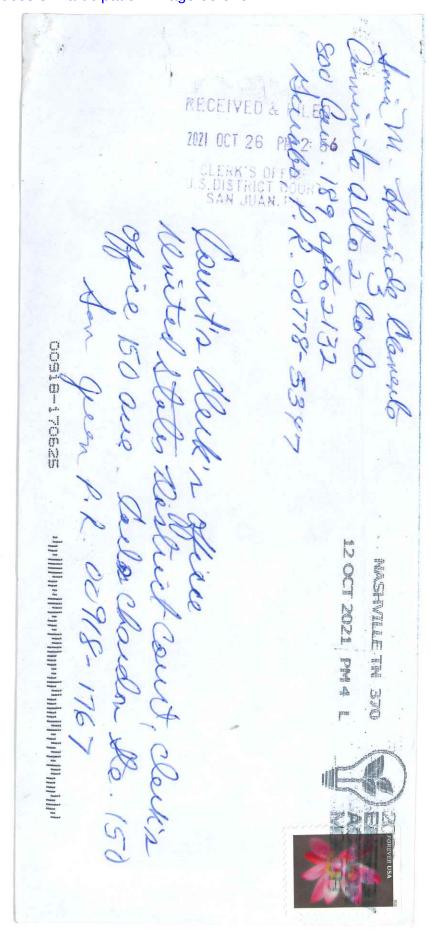


Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Sonia M. Beinande Clemente
Participant's Address: Can 189 Km 4.6 apto 2132 Surabo, P.R.
Participant's Email Address: 5mhc _ 620 icloud com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim.
Claim Number: # 124154 Repto Educación #154654 Reling
Nature of Claim:
By: Signature Security
Sonia W. Hernaudez Clemente
Print Name
Title (if Participant is not an individual)
9/vetubre /2021
Date



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Loak Rivera Felic	iano
Participant's Address:	PO Box 533 Saline	3, PR 00751
Participant's Email Address:	balyr 700 gmarl.	com
Name of Counsel:	10 PA	
Address of Counsel:	NIA	
Email Address of Counsel:	NA	
2. Participant's C	laim number and the nature of Participar	nt's Claim:
Claim Number:	17BK 3283-LT	5 SRF 35902
Nature of Claim:	al Fondo de Refiro de	los Empleados del
By: Signature Pur	er Jeliani &	pobleris & Puerto &
	era teliciano	VED &
Print Name		PH 2
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9 de octub	on de 2021	
Date		

CLERK'S OFFICE 45 DISTRICT COUR SAN JUAH, PR

17 OCT 2021 PEA NOT VILLE IN

Anited States District Court,

San Juan, P. R. 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Loale Rivera Feliciano
Participant's Name: Loaly Rivera Feliciano Participant's Address: PO Boy 533 Salinas, P.R. 00751
Participant's Email Address: loaly 1700 gmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 140646 5RF 35902
Claim Number: 140646 SRF 35902 Recle macion de Dinero acumule de al Fondo de Retiro de los Empleados del Bobrevyo de Picrob Rice
By: Joaly Ruero Jelicians Signature Look Rivera Felicians
Signature Loaly Rivera Felicians Print Name
Looky Rivera Felicians
Print Name
\$20 °C 80
Title (if Participant is not an individual)
9 de octubre 2021
Date Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice
of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re

Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED & FILED

2021 OCT 26 PM 2: 57

CLERK'S OFFICE

4.5. DISTRICT COUNTY
SAN JUAN. PR

Po Box 533 Salines, P.R. 00751

ECTAEL PHOL

In the d States District Court, (
DPG: ce 150 Ave. Carlos Chard
Ste. 150

San Juan, P.R. 00918-176.

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Participant must provide all of the information below in English:

including amail address, and that of its counsel

REC

	ant s contact into	imanon, mendunig eman	address, and that of h	s courisci,
if any:	1.	2021 1/26 PM 2: 9	57	
Participant's Name:	LUZ	1 Hernana	er Cruz	
Participant's Address:	Utb. A	as faciendas	15073 Cuato	Was P. D. OVTZ
Participant's Email Ad	dress: hernande	renulve a gmail	1-com	
Name of Counsel:		NA		1 1127
Address of Counsel:		MA		
Email Address of Cour	nsel:	NA		
2. Particip	ant's Claim numb	per and the nature of Par	ticipant's Claim:	
Claim Number:		37044		-
Nature of Claim:	Apoch	acions Aumul	adas Reford	
By: Ny V. Signature	emans (or	rel		
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Participant must provide all of the information below in English:

 Participant's contact 	information, including email address, and that of its counsel,
if any:	2
Participant's Name:	Dra M. Torres Veler
I di dicipalit b i idai i i i i	/ = 0 0
Participant's Email Address:	oratorres velez @ g. mail. com
Name of Counsel:	<u> </u>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim	number and the nature of Participant's Claim:
Claim Number:	1. 17 BK 3283 - LTS
Nature of Claim: Tub/	ic Employer and Rension / Ketire Claim
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29- septieme Date	bre-2021
Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim Claim Number: Nature of Claim: By: Signature Doya M. Joyy Print Name Tudividual Title (if Participant is not a 29- Septicm!	number and the nature of Participant's Claim: 10. 17 BK 3283 - LTS 11. Employer and Pension / Retire Claim 12. Vélez 13. In individual)

2021 OCT 26

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Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Desc: Pro se Notices of Participation Page 42 of 84

Participant must provide all of the information below in English:

1. Participant's contact information, inclu if any:	ding email address, and that of its counsel,
Participant's Name: Adamirk Fereign	Six
Participant's Address: HC-12 By	5842, Lares P.D 0066,
Participant's Email Address: Ada5398 @ha	tmist.com
Name of Counsel:	Control Accordance
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the natu	
Claim Number: 17 BIO 3283 Nature of Claim: Provesc ##	CTS
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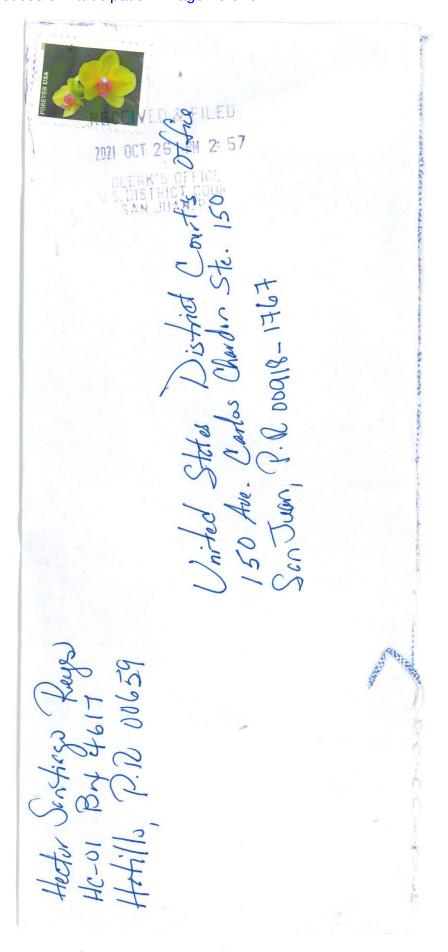
Adomina Verez Sota Hr-02 Box 5842 Lares, P. R 68669

United States District Courts.
150 Ave. Carlos Chardensste.
Son Juan, D.B. 20918-2016



Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,
if any: Participant's Name:	Hector M. Santiago Reyes HC-01 Box 4617, Hats/10 P.B. 10659
Participant's Address:	HC-01 Box 9617, TTATITIO 1.10.000
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	- B B C
Email Address of Counsel:	SEE ST VE
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	155 199
Nature of Claim:	ACR case num. 17-6K-3283, 5 tiago ECF mum. 12274
Signature /	
Hector :	Santiago
Print Name	the light requirements. If this Notice is filled after the bit
with and bearing the	the same that the participants in a consequent. If you are get the eastern expense
	is not an individual)
October	19, 2021
Date	



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii airy.	
Participant's Name:	- Climenez Berrios
Participant's Address: 3 Ext. (Cas Delicias 3750 d Perez Pierre
Participant's Email Address:	9996 dapos.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	e italiani
Claim Number:	and the nature of Participant's Claim:
Nature of Claim: By: Signature Tohn C. Gimener Print Name Tridividual Title (if Participant is not an individual	Berrios Berrios Remios Remi
31 - agosto - 2021 Date	

once, P.R. 00728 2: 57 26 Clastonio Toras Torret CLERK'S OFFICE S.DISTRICT COUR SAN JUAN. P.R かかかのと velicias Derrios 00918-170625 lerk's Juan, P.12.00918-1767 Carlos 6 OCT 2021 PM 3 SUMPLIC IN USO Chardon 021.20

Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Pro se Notices of Participation Page 48 of 84

Participant must provide all of the information below in English:

	1. Participant's contact information, including email address, and that of its counsel, if any:
	Participant's Name: Senia Medina Medina
	Participant's Address: Calle D 31 Parc. Matei Bo. Dominguito Arocid
	Participant's Email Address: Medina Soma 2161 agmoil com
	Name of Counsel:
	Address of Counsel:
	Email Address of Counsel:
	2. Participant's Claim number and the nature of Participant's Claim:
	2. Participant's Claim number and the nature of Participant's Claim:
1	Claim Number:
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4	Claim Number: Nature of Claim: By: Jorus Medica Hedus
_	Claim Number: Nature of Claim: By: Sorra Medica Medica Signature
	Claim Number: Nature of Claim: By: Signature Signature
	Claim Number: Nature of Claim: By: Soria Medina Hedina Signature Sonia Medina Medina
	Claim Number: Nature of Claim: By: Soria Medina Hedina Signature Sonia Medina Medina
	Claim Number: Nature of Claim: By: Sonia Medina Medina Print Name

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SUISTRICT COURSENS AND HILLS

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te. 150. Jonflier, 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name:

Justo P. Negron Rivera

Participant's Address:

4 EXT. QUINTAS DEFLAMINGO BAYAMON, PR 009594861

Participant's Email Address:

jpnegron 5 7 @ gmqi/. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17BK3283-475 Claim Number: SISTEMA DE RETIRO, AUTORIDAD DE CARRETERAS Nature of Claim: PROMESA TITLE ILL Title (if Participant is not an individual) 8 oct 2021 Date

4 EXT. QUINTAS DE FLAMINGO BAYAMON, PR 00959-4867

UNITED STATES DISTRICT COURT, CLERK OFFICE 150 AJE, CARLOS CHARDON STE. 150 SANJUAN, PR 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Lilliam E. Núnez Rivera
Participant's Name: Lilliam E. Núñez Rivera Participant's Address: P.O. Box 370256 Cayey, PR 00737
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 24872
Nature of Claim: Retirement Claim (Promesa Title III) By: Lilliam E. Niine, levela Signature Lilliam E- Nonez Rivera Print Name
Title (if Participant is not an individual) August 15, 2021 Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

Cayey, P.A. 00737 P.O. Box 370256

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San Juan, P.R. 00918-1767

United States District Court 150 Ave. Carlos Chardon Ste 150 2021 OCI 26 BECEINED

Clerk's Office

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Gladys E. Smitner Fersinds
Participant's Address: Cond. Columbia Plaza 401 Calle Columbia apto 301
Participant's Email Address: Vove San Juon PK
Name of Counsel: No Ne
Address of Counsel: No Ne
Email Address of Counsel: No pe
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 32 83-LTS
Nature of Claim: None
By: Sladys & Antre French
Signature / Ghodys E. Santana Fernande > Brist Name
Print Name
Title (if Participant is not an individual)
25/9/21
Date

Secretary of the secret

Participant must provide all of the information below in English:

1.

Participant's contact information, including émail address, and that of its counsel,

if any:	1				
Participant's Name:	Carmen	L.	Sanfano	2 Rodnigo	Q Z
Participant's Address:	Carmen HC/Box 8	538	loi Za	PR 00 772	-979/
Participant's Email Address:					
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:					
2. Participant's C	Claim number and	the nat	ure of Particij	oant's Claim:	
Claim Number:	77816				
Nature of Claim:					
By: Carmer & Jan Signature					RECEIVED
Carmen L. 5 Print Name	antque			25/3 25/3 25/3 25/3 25/3 25/3 25/3 25/3	Ø0 .
Name of the second				120	₽ TE
Title (if Participant is	not an individual))		ħ.	S CO
100 oct 2021 Date					

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clerk's Office 150 Ave chardn Ste. 150, San Jun 1200918-1767



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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	*		3	0 1				
Participant's Name:	Carmon	1. 5a	n Jana	Rodne	Ray 7	Uc i O	0.00	538 L
Participant's Address:	Villas de	Carme	n C3	Kodne 1 Lo, co	PRI	087	72	P
Participant's Email Address	(LSROD	RI @gr	nail.co	m				
Name of Counsel:								
Address of Counsel:								
Email Address of Counsel:								
2. Participant's	Claim number an	d the nature	of Particip	ant's Cla	m:			
Claim Number:	_ ,		816				-	
Nature of Claim: By: Signature	h for					,	5.9	
7 oct 2021(Print Name	Parmen 1-	San fana	l					
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Title (if Participant i	s not an individua	ıl)			200天	3	CEIV	
7 00+ 2021						26		
Date					125	7 2	77	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

Lei Carmen L. Santana

CLERK'S DIFFICULTY SAN JULIAN, P. 1772

CLERK'S DIFFICULTY SAN

San Juan, PROU918-1767

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

2. Participant's Claim number and the nature of Participant's Claim:

Promesa Title III

By:

Participant lebron lopez

Print Name

Title (if Participant is not an individual)

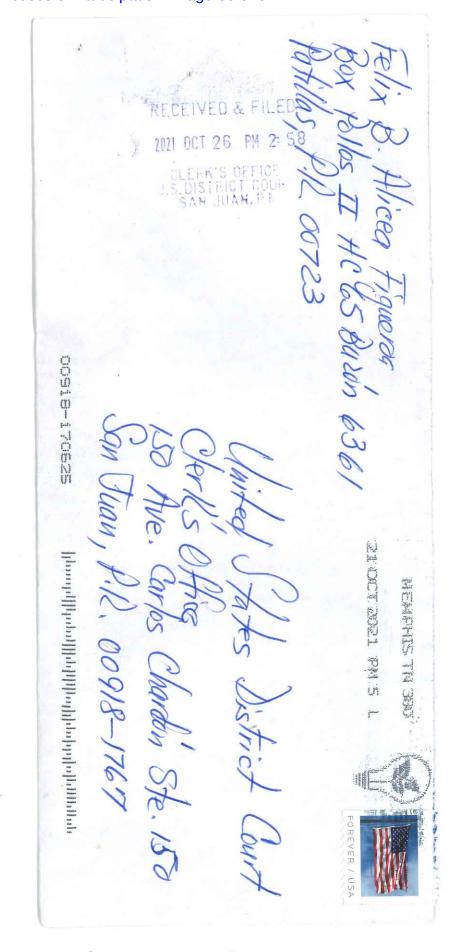
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Participant must provide all of the information below in English:

1. Farticipant's contact information, including	
if any: Felix B. Ali	rea Figuerna
Participant's Name:	1 1 1 1 1 1 1
Participant's Address: Box, Pollos II	cea Figueroa 4C65 Buzón 6361
Participant's Email Address:	723
Name of Counsel: no ne	
Address of Counsel: N/A	
Email Address of Counsel:	
2. Participant's Claim number and the natur	-
Claim Number: 17 BK 3283 Nature of Claim: PROMESA 7	-LTS
Nature of Claim: PROMESA 7	TITLEIT
By:	36 8
Signature	
Felix B. Alicea Figueroa	T ₂
Print Name	PG- 00 0
Lu Charc	
Title (Participant is not an individual)	
talegree triple of the triple of triple of the triple of triple of the triple of tripl	
Date	



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any.		
Participant's Name: Irma L. Gonzólez Riv	era	_
Participant's Address: 3 Ext. Cos Delicios 3750		errē
Participant's Email Address: mrsj999@ yahoo.com		_
Name of Counsel:		_
Address of Counsel:		
Email Address of Counsel:		_
2. Participant's Claim number and the nature of Participant's C	Claim:	
Claim Number:		_,
Nature of Claim: 17 BK 3283-LTS	ä	4
By: Ring system Signature Trma L. Gonz alez Rivera Print Name	MECEIVED & FILL 2021 DCT 26 PM 2 CLEAK'S OFFICE SAN JULAN, PH	
Title (if Participant is not an individual)	7: 58 III	
31 - agosto-2021 Date		



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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Teresita Martinez García
Participant's Address: Urb. Montelesine Height's Alio Ingbon Q-41 Tog Alta I.P.
Participant's Email Address: teresitamartmez 1218@ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 11/300
Nature of Claim: / Lublic employee and pension/retiree chan
leverto histras saucia
By: Signature Signature García
Teresifa Marknez Garcia
Print Name
Title (if Participant is not an individual)
175ept 2021
Date /
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	*				
Participant's Name:	Dalis N. Nie	eves Mo	urtinez 1		
Participant's Address:	Urb. Gran Vista 1 ca	elle Valle Sc	ur#33 60	irabo PR.	00778
Participant's Email Address:	dalisnievi	es @ gn	nail com		
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:	-	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
2. Participant's C	Claim number and the r	nature of Par	ticipant's Cla	im:	
Claim Number:	113/72	G.	. 0		
Nature of Claim:	Retirement	Claim	(Promes	a litle	111
By: Signature	J. E		8	15 Table 12 B	VED 00
	ves Martinez			ROSE N	
Print Name					
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Title (if Participant is	not an individual)				
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Daic	g g				

Urb. Gran Vista I Calle Valle Sur #33 Dalis N. Nieves Martinez Surabo, PR. 00778

San Juan, P.R. 00918-1767

150 Ave. Carlos Chardon Ste. 150



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Date

if any: Participant's Name: Urb. Reparts Vaunciano K-13 Calle Acasia Tuncos, Participant's Address: ramon deportes a yahos, com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) 10/12/2021

Ramón L. Arriaga Santiago Urb. Reparto Valenciano K-13 Calle Acasia

luncos PR,00771

CLERK'S OFFIC 3. DISTRICT CO SAN JULAN.

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Discovery Notice to the Court's Clerk's Office
Unites States District Court, Clerk's Office

150 Ave. Carlos Chardon Ste. 150 San Juan, PR 00918-1767





Participant must provide all of the information below in English:

Participant's Address: Po. Box: 222 Castaner P.R 00631 Participant's Email Address: Prolando. 748 @gmail. Com Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Retired teacher, from the Reto Rico Department of Education of Claim: Return of Claim: Return of Claim:	1. Participant if any:	e's contact information, including email address, and that of its counsel,
Participant's Email Address: rrolando. 748 @gmail. Com Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Retired teacher from the Reto Rico Department of Edu By: Orlando Ramos Gonzalez Print Name	Participant's Name:	
Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Retired teacher from the Resto Geo Department of Edu By: Orlando Ramos Gonzalez Print Name	Participant's Address:	
Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Refired teacher, from the Resto Geo Department of Folia By: Orlando Ramos Gonzalez Print Name	Participant's Email Addre	ess: rrolando. 748 @gmail-com
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Refired teacher, from the Resto Rico Department of Edu By: Signature Orlando Ramos Gonzalez Print Name	Name of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Refired feacher, from the Resto Rico Department of Edu By: Signature Orlando Ramos Gonzalez Print Name	Address of Counsel:	
Claim Number: Nature of Claim: Retired teacher, from the Rento Rico Department of Edu By: Orlando Ramos Hony of Signature Orlando Ramos Gonzalez Print Name	Email Address of Counse	pl:
Nature of Claim: Retired teacher, from the Rento Rico Department of Edu By: Orlando Ramos Gonzalez Print Name	2. Participan	t's Claim number and the nature of Participant's Claim:
By: Orlando Ramor Hong O'S Signature Orlando Ramos Gonzalez Print Name	Claim Number:	16001.
By: Orlando Ramor Hong O'S Signature Orlando Ramos Gonzalez Print Name	Nature of Claim:	Refired teacher from the Perto Rico Department of Edu
Orlando Ramos Gonzalez Print Name	By: Orlando Signature	Ramor Hong Us
20 D M	1 1 0	mos Gonzalez
Title (if Participant is not an individual)	Print Name	
Title (if Participant is not an individual)	_	B C C
The state of the s	Title (if Participa	nt is not an individual)
10/03/2021	10/03/2	021
Date		200 7 F

astore PR.00631 Carlos Chardon ste, 150 Clerks

P.R. 00918-1767

Office, 150 Ave.

Applications of the control of the c

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Anibal Maz Burgos
Participant's Address: HC 02 Box 11721 Humorgo, Ph 00791
Participant's Email Address: jgd. 4683@gmail-tom
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: Num 17BH 3283-LTS
Nature of Claim: By: Signature Add LAKA Date Signature
Anibal Maz Burgas Print Name
Title (if Participant is not an individual) 2/Septiembre/2021 Date
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re</i>

system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: LOYDA DIAZ MONTAÑEZ Participant's Name: LOMAS VERDES, JOBOS 3N-3 BAYAMON, PUERTO RICO 00956 Participant's Address: loyda.diaz@yahoo.com Participant's Email Address: NONE Name of Counsel: NONE Address of Counsel: NONE Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 78360 Claim Number: SALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE Nature of Claim: EACHER CAREER By: LOYDA DIAZ MONTAÑEZ **Print Name** Title (if Participant is not an individual) AUGUST 31, 2021 Date

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

LOYDA DIAZ MONTAÑEZ LOMAS VERDES, JOBOS 3N-3 BAYAMON, PUERTO RICO 00956

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UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Daria Esther Green Negron
Participant's Address: urb. Jards. de Patillas ouzon 20 Patillas P.R. 00723
Participant's Email Address: d9622 651 dg mail. Com
Name of Counsel: De partamento de Educación
Address of Counsel: San Juan P.R.
Email Address of Counsel: J J Molina a Srm. Pr. gov.
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 105 705
Nature of Claim: ingresos no devengados me pagaban menos
Nature of Claim: in gresos no devengados me pagaban menos By: Jour Ester Heer neur que otros que tenian la mis ma prepo Signature ración
Daria Esther Green Negron
Print Name
Title (if Participant is not an individual)
01.14,2021
Date Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

must be filed electronically with the Court on the docket using the CM/ECF docket event Notice

of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Sra. Daria Green-Negron Urb Jards De Patillas Buzon 20 Patillas, PR 00723

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united stales District court clerk's office 150 Ave Carlos chardon ste 150 San Juan P.R. 00918-1767

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Case:17-03283-LTS Doc#:18833-1 Filed:10/27/21 Entered:10/27/21 11:23:20 Desc: Pro se Notices of Participation Page 80 of 84

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

n any.	
Participant's Name:	Nilda I. Perez Jusino
Participant's Address:	Urb. Santa Maria, 20 Loma Linda San German, BR. 00683
Participant's Email Addre	ess: nildaivette per ez jusino Qgmail. com
Name of Counsel:	Commonwealth of Puerto Rico
Address of Counsel:	Puerto Rieo
Email Address of Counse	1:
2. Participan	t's Claim number and the nature of Participant's Claim: (I do not received the Claim number)
Claim Number:	
Nature of Claim:	Windemand by the Governor of P.R. employees.
By: Alda 2 b	Eng Junio
Nilda I. P.	erez Jusino
Print Name	
Title (if Participa	nt is not an individual)
3 octobe	r 2021
Date	
Instructions for Filing	Notice of Participation: If you are represented by counsel, this Notice

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Nilda I. Perez Jusino Urb Santa Maria 20 Loma Linda San German, PR 00683-4674

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Jan Juan, P.R. 00918-1767

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Carmen A Torres youtes
Participant's Address:	Urb. Villa Interamercana Calles to Son Gernan, D. R. OD USO
Participant's Email Address:	
Name of Counsel:	ACCOUNT TO THE RESERVE OF THE RESERV
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number: Nature of Claim:	No. 17 BK 3283-LTS Sidn't receive the money assigned For P.R teachers during governing period of Governor Carlos Romano Barcelo.
By: Carrey a Jone Signature	es motes
Carmen A To Print Name	mes Montes
2017	
Title (if Participant is	s not an individual)
October 1st	2021
Date	

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Carmen A-Torres Montes Urb. Villa Interamericana Calle 1 A31 San German, P-R 00683



Court's Clerk's Office
United States District. Court
Clerk's Office
150 Ave Carlos Chardón
Ste 150
San Juan, P.R. 00918-1767

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